

# CITY OF MARSHFIELD

798 S. Marshall  
Marshfield, Missouri 65706  
417-468-2310

2016

## BUSINESS LICENSE APPLICATION

General

Date \_\_\_\_\_

**AMOUNT DUE - \$18.00**

**Name of Business** \_\_\_\_\_

**DBA** \_\_\_\_\_

**Business Type** \_\_\_\_\_ **Local Phone** \_\_\_\_\_

**Local Street Address** \_\_\_\_\_

**Building Owner** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Business Owner** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Business Mailing Address** \_\_\_\_\_

**Federal ID #** \_\_\_\_\_ **Missouri Sales Tax #** \_\_\_\_\_

MO. Statute 144.083 Business license requirement: **All new or renewed business licenses must have Dept. of Revenue no tax due verification.** The City will issue license if no tax due is verified. If City cannot verify no tax due, the business will be contacted to furnish City with no tax due letter before license will be issued.

*Applicant affirms by signature below that said business does not currently, nor will it in the future employ non-documented persons, with the understanding that doing so would be in violation of both Federal Law and the laws of the State of Missouri.*

**Signature:** \_\_\_\_\_